

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
2008 MAY 20 PM 4:09

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 2

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Matt Pfaltzgraf

Political Party (if applicable)

Democratic

Office Sought

House of Representatives

District (if Senate or House)

HD 70

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1739</u>
Logged In	<u>0</u>
Scanned	
Computer	
Audited	<u>16 pages</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Matt Pfaltzgraf
SIGNATURE OF PERSON FILING REPORT

515-314-5950
TELEPHONE

5-19-08
DATE SIGNED

I AM FILING A 5-19-08 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzheim for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(5), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/9/08	ID# CK#	Cindy Eisenhower 710 NW Ash Drive Ankeny, IA 50011		\$ 500	<input type="checkbox"/>
2/13/08	ID# CK#	Doris Andolein 536 SW Smith Lane Ankeny, IA 50011		25	<input type="checkbox"/>
2/13/08	ID# CK#	Bob Koch 817 SE Skaton Ankeny, IA 50021		30	<input type="checkbox"/>
2/13/08	ID# CK#	Derck Newman 3709 Tripp St #134 Ames, IA 50014		100	<input type="checkbox"/>
2/14/08	ID# CK#	Don Surlic 320 NE 51st St Ankeny, IA 50021		50	<input type="checkbox"/>
2/15/08	ID# CK#	Chris Guido 2221 E Nicolet PHX, AZ 85020	Aunt	100	<input type="checkbox"/>
2/17/08	ID# CK#	Max Miller 419 W 115th St #54 NYC, NY 10021		25	<input type="checkbox"/>
2/18/08	ID# CK#	Christina Dowd 1822 Evelyn St Perry, IA 50220		15	<input type="checkbox"/>
2/18/08	ID# CK#	Alexis Swedlund 1136 Key West Court Rockford, IL 61103		75	<input type="checkbox"/>
2/18/08	ID# CK#	Jon Widelgren 13276 White Birch Rd Roscoe, IL 61073		40	<input type="checkbox"/>
SUB-TOTAL				\$ 960	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Phaltgraf for State Representative

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2/19/08	ID# CK#	Walter E Felker 2701 NW Delaware Ave Arkany, IA 50021		\$100	<input type="checkbox"/>
2/19/08	ID# CK#	unitemized		5	<input type="checkbox"/>
2/19/08	ID# CK#	unitemized		25	<input type="checkbox"/>
2/20/08	ID# CK#	Mike Charles 585 E Jefferson #19 Iowa City, IA 52240		200	<input type="checkbox"/>
2/20/08	ID# CK#	Charles Wright 405 SE Delaware Ave Arkany, IA 50021		100	<input type="checkbox"/>
2/22/08	ID# CK#	John O'Connor 3122 E Hillcity PHX, AZ 85032	Uncle	50	<input type="checkbox"/>
2/23/08	ID# CK#	North Ashcraft 1802 E Wardsly Dr Lafayette, IN 47905	Aunt	25	<input type="checkbox"/>
2/24/08	ID# CK#	Marta Azadur Maser 1190 Goldenrod Lane Grayslake, IL 60030		100	<input type="checkbox"/>
2/24/08	ID# CK#	Gloria Washington 1909 E South Mountain PHX, AZ 85040		50	<input type="checkbox"/>
2/26/08	ID# CK#	Jim Lydon 602 NW Nicholas Arkany, IA 50021		250	<input type="checkbox"/>

SUB-TOTAL

\$ 905

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2-28-08	ID# CK#	<i>Charlotte Williams 3200 Driftwood Dr Charlotte, NC 28205</i>		<i>\$30</i>	<input type="checkbox"/>
28 2-28-08	ID# CK#	<i>unitemized</i>		<i>25</i>	<input type="checkbox"/>
3-1-08	ID# CK#	<i>unitemized</i>		<i>25</i>	<input type="checkbox"/>
3-1-08	ID# CK#	<i>Peggy Stables 1401 Holly Hedges Peoria, IL 61614</i>	<i>Aunt</i>	<i>50</i>	<input type="checkbox"/>
3-2-08	ID# CK#	<i>unitemized</i>		<i>25</i>	<input type="checkbox"/>
3-4-08	ID# CK#	<i>unitemized</i>		<i>10</i>	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	<i>Gary Nohrsky 9244 NW 18th St Ankney, IA 50023</i>		<i>50</i>	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	<i>Jami Oliver 8590 143rd Ave Indianapolis, IA 50125</i>		<i>25</i>	<input type="checkbox"/>
3-4-08	ID# CK#	<i>unitemized</i>		<i>25</i>	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	<i>unitemized</i>		<i>20</i>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 285

TOTAL (If last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Plattergab for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-4-08	ID# CK#	D.J. Dolphin 1510 NW Wagner Blvd Ankara, IA 50023		\$ 30	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	unitemized		25	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	unitemized		25	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	unitemized		20	<input checked="" type="checkbox"/>
3-4-08	ID# CK#	unitemized		25	<input checked="" type="checkbox"/>
3-7-08	ID# CK#	Betty Hay 976 900th Ave Elkhart, IL 62634	Aunt	50	<input type="checkbox"/>
3-10-08	ID# CK#	unitemized		25	<input type="checkbox"/>
3-12-08	ID# CK#	Linda Priestad 9932 Swanson Blvd Clive, IA 50325		100	<input type="checkbox"/>
3-12-08	ID# CK#	unitemized		25	<input type="checkbox"/>
3-13-08	ID# CK#	Lorrell Plattergab 530 Leedomcary Dr Fremont, OH 43420	Grandma	150	<input type="checkbox"/>

SUB-TOTAL

\$ 475

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Matt Hultquist for State Representative*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-11-08	ID# CK#	Dave Kory Jan? 145 East O Street Forest City, IA 50436		\$ 50	<input type="checkbox"/>
3-16-08	ID# CK#	Jim Noff 2239 Gray Rd Apt 6 Bellevue, NE 68123		200	<input type="checkbox"/>
3-22-08	ID# CK#	Jim Matthews PO Box 489 Buffalo, IA 52728		50	<input type="checkbox"/>
3-27-08	ID# CK#	Neil Milner 5901 Mount Eagle Drive Alexandria, VA 22303		100	<input type="checkbox"/>
3-31-08	ID# CK#	Dale Den Herder 525 North Main Sioux Center, IA 51250		50	<input type="checkbox"/>
4-4-08	ID# CK#	Tam Anderson 6239 N Winwood Dr Johnston, IA 50131		cash 50	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Rob Bismann 510 SE 2nd Ankeny, IA 50021		cash 100	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Unitemized		15	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Ben Hildenbrandt 2607 Emma Ave DSM, IA 50321		50	<input type="checkbox"/>
4-4-08	ID# CK#	Chris Renze 3303 Primrose Ankeny, IA, 50027		250	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 915	
TOTAL (last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MATT PLATZGUTH for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4-4-08	ID# CK#	Unitemized		\$ 10	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Unitemized		25	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Barb Sorlie 320 NE 31st St Ankeny, IA 50021		50	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Unitemized		25	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Unitemized		20	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Dan Bates 3706 E 28th St DSM, IA 50317		50	<input checked="" type="checkbox"/>
4-4-08	ID# CK#	Unitemized		25	<input checked="" type="checkbox"/>
4-5-08	ID# CK#	Dennis Adamson 405 NW Bramble Rd Ankeny, IA 50023		50	<input type="checkbox"/>
4-7-08	ID# CK#	Holmes Foster 13821 Bay Hill Dr DSM, IA 50325		1000	<input type="checkbox"/>
4-10-08	ID# CK#	Steve Noff 609 S Leander Middletown, IA 50126		50	<input type="checkbox"/>

SUB-TOTAL

\$ 1305

TOTAL (If last page of this schedule)

\$

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Maloney for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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4-11-08	ID# CK#	Jesse Proffers 1200 River St Jacksonville, NC 28542		\$ 200	<input type="checkbox"/>
5-4-08	ID# CK#	Don Dudley 5951 Vista Drive West Des Moines, IA 50260		100	<input type="checkbox"/>
5-4-08	ID# CK#	Leora Hanson 12001 South Highway 8320 Pershing Drive Plano, TX 75023		100	<input type="checkbox"/>
5-5-08	ID# CK#	Barb Kirsch-Miller 5793 110th Dr West Des Moines, IA 50266		100	<input type="checkbox"/>
5-7-08	ID# CK#	Tim Schmitt 2408 Shady Glen Ct Iowa City, IA 52246		35	<input type="checkbox"/>
5-7-08	ID# CK#	Mike Porter 710 Forest Edge Drive Coralville, IA 52241		250	<input type="checkbox"/>
5-12-08	ID# CK#	Jesse Tangibanya PO Box 2772 Iowa City, IA 52241		50	<input type="checkbox"/>
5-12-08	ID# CK#	Brad Davis 618 4th Ave Ames, IA 50041		100	<input type="checkbox"/>
5-13-08	ID# CK#	Unitemized		25	<input type="checkbox"/>
5-17-08	ID# CK#	Virgil Rohlf 214 SE 9th St Ames, IA 50021		100	<input type="checkbox"/>

SUB-TOTAL

\$ 1060

TOTAL (if last page of this schedule)

\$

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Haltinger for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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5-14-08	ID# 9703 CK# 4001	Anthony Ann Ostrach PO Box 815 Ankney, IA 50021		\$ 3817.93	<input type="checkbox"/>
5-14-08	ID# CK#	Mark Harvilland 3852 NW 90TH PL Pulkett, IA 50226		40	<input type="checkbox"/>
5-14-08	ID# CK#	Don Miller PO Box 647 Johnston, IA 50131		300	<input type="checkbox"/>
5-14-08	ID# CK#	Lincoln Lincoln Fricke 9972 SWANSON BLVD CLIVE, IA 50325		250	<input type="checkbox"/>
5-14-08	ID# CK#	Mona Bond		200	<input type="checkbox"/>
5-14-08	ID# CK#	Toni Vilsack		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 4857.93

TOTAL (If last page of this schedule)

\$10,762.93

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/20/08	ID# CK#	First National Bank N Ankeny Blvd Ankeny, IA 50021	Check order	\$ 14.30
2/27/08	ID# CK# 1001	Des Moines Register	Ankeny Register Ad	98.10
3/12/08	ID# CK# 1003	Neulen SW School Street Ankeny, IA 50021	Reception room	75.00
3/4/08	ID# CK# 1004	American Marketing 440 East Grand DSM, IA 50309	Ad design	35.20
2/29/08	ID# CK# 1005	Carter Printing 1739 East Grand Ave DSM, IA 50316	Letterhead, business Envelopes cards	246.98
2/27/08	ID# CK# 1006	US Post Office N Ankeny Blvd Ankeny, IA 50021	Stamps	123.00
4/10	ID# CK# 1007	Polk County Democrats	County convention table fee	25
3/21/08	ID# CK# 1008	Polk County Democrats	Spring dinner ticket	25
SUB-TOTAL				\$ 642.58
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Paltreid for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/31/08	ID# CK# 1009	Gary schmidt	Name tags	\$ 37.10
4-25-08	ID# CK#	Staples Ankeny, IA 50021	Printer	95.38
4-25-08	ID# CK#	Staples Ankeny, IA 50021	Folders, Tubs, paper	153.24
4-28-08	ID# CK#	Staples Ankeny, IA 50021	PENS	8.17
4-28-08	ID# CK#	Staples Ankeny, IA 50021	Folders	12.71
4-28-08	ID# CK#	Staples Ankeny, IA 50021	Ink, Tubs, printer cord	111.30
5-2-08	ID# CK#	Chick-Fil-A Coral Ridge Mall Coralville, Iowa	lunch for mailing volunteers	10.51 10.51
5-2-08	ID# CK#	Short stop Ankeny, IA 50021	Snacks for volunteers	26.98
SUB-TOTAL				\$ 455.38
TOTAL (if last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraff for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-5-08	ID# CK#	ATKINS	ATKINS	25.00
5-5-08	ID# CK#	ATKINS	ATKINS	12.50
5-5-08	ID# CK#	Kum & GO Ankeny, IA 50021	Food for phonebank volunteers	26.40
5-6-08	ID# CK#	Staples Ankeny, IA 50021	Ink	25.43
5-6-08	ID# CK# 1010	U.S. Post Office N. Ankeny Blvd Ankeny, IA 50021	Stamps	25 123.00
5-8-08	ID# CK#	Ankeny Area Chamber of Commerce S. Ankeny Blvd Ankeny, IA 50021	Summerfest parade fee	25
5-8-08	ID# CK# 1010	Ankeny Area Chamber of Commerce S. Ankeny Blvd Ankeny, IA 50021	Summerfest booth	125.00 25
5-12-08	ID# CK#	Hx Vcc N. Ankeny Blvd Ankeny, IA 50021	Food for fund raiser	17.97
SUB-TOTAL				\$ 242.80
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(l).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Hartzog for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-14-08	ID# CK# 1013	<i>Carter Printing 1739 East Grand Ave Des Moines, IA 50316</i>	<i>Brochures</i>	<i>\$1241.26</i>
5-14-08	ID# CK#	<i>Act Blue P.O. Box 38 2110 Cambridge, MA 02238</i>	<i>Web contribution fees</i>	<i>65.98</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ ~~1407.24~~ 1307.24TOTAL (If last page of this schedule) \$ ~~307.24~~ 2649.01**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-10-08	Carter Printing 1739 East Grand Ave DSM, IA 50309	yard signs	\$ 1100
5-1-08	Harrison Wheeler 100 Hilcrest N250 Iowa City, IA 52242	website	700
SUB-TOTAL			\$ 1,800
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,800

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Hutzgraf for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
2/11/04	Molly Lydon 713 NB Brook Haven Arlington, VA 22202	Mother	Stamps	\$ 41	<input checked="" type="checkbox"/>
2-21-08			Arlington Press Citizen Ad	187.50	<input checked="" type="checkbox"/>
2/24/08			Envelopes	32.29	<input checked="" type="checkbox"/>
2-24-08			Blue copy paper	12.17	<input checked="" type="checkbox"/>
2-25-08			Security Envelopes	4.24	<input checked="" type="checkbox"/>
3-2-08			Decorations	16.70	<input checked="" type="checkbox"/>
3-3-08			Food	77.91	<input checked="" type="checkbox"/>
3-8-08			Thank you notes	6.30	<input checked="" type="checkbox"/>
3-14-08			Candy	27.63	<input checked="" type="checkbox"/>
3-31-08			Sticker signs	23.10	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 419.24

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Plaltzgraf for State Representative

Reset Form

SCHEDULE

E

(Rev. 08/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
3-31-08	Molly Lydon 713 NE Brook Haven Ankney, IA 50021	Mother	Table cloths	\$ 8	<input checked="" type="checkbox"/>
4-4-08			Refreshments	32.55	<input checked="" type="checkbox"/>
4-5-08			Storage tubs	10.60	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 51.15

TOTAL (If last page of this schedule)

\$ 469.39

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule E)